MAXIMUS Federal Services

Case Number:	CM13-0007288		
Date Assigned:	09/23/2013	Date of Injury:	02/08/2000
Decision Date:	12/05/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old with an injury date on 2/8/00. Patient complains of lower lumbar pain rated 8/10 with radiation into right lower extremity with associated numbness per 6/14/13 report. Patient is currently taking Opana and attempting a reduction in medication usage per 6/14/13 report. Based on the 6/14/13 progress report provided by [redacted] the diagnoses are: 1. multiple HNPs of the lumbar spine2. facet arthropathy of the lumbar spine 3. s/p right shoulder surgery Exam on 6/14/13 showed "non-antalgic gait. Range of motion of L-spine is decreased throughout. Decreased sensation in right L3, L4, L5, and S1 dermatomes. Positive straight leg raise right 30 degrees to the foot." [redacted] is requesting aquatic therapy two times six for the lumbar spine, transforaminal epidural steroid injection right L4, L5, and S1, and Terocin pain relief lotion. The utilization review determination being challenged is dated 7/26/13. [redacted] is the requesting provider, and he provided treatment reports from 3/20/13 to 7/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatic therapy two times six for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with lower back pain with numbness into right leg. The provider has asked for aquatic therapy two times six for the lumbar spine on 6/14/13. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia's and neuralgias. In this case, the there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. Furthermore, the requested 12 sessions exceeds what is typically recommended for the patient's condition. Recommendation is for denial.

Transforaminal epidural steroid injection right L4,L5, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections and for transforaminal approach, 2 level injections. In this case, the patient has radiating leg pain and the provider indicates sensory changes from L3-S1. The provider lists disc herniations at multiple levels as diagnosis but description of MRI or MRI report is not included in the progress reports or file. No electrical studies were provided either. MTUS require a diagnosis of radiculopathy and without a specific reference to an MRI or other imaging studies verifying potential nerve root dysfunction explaining the patient's leg symptoms, an ESI would not be indicated. Recommendation is for denial.

Terocin pain relief lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with lower back pain with numbness into right leg. The provider has asked for Terocin pain relief lotion on 6/14/13. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of lidocaine is indicated. In addition, this patient does not present with localized peripheral pain. The requested lotion form of lidocaine is not indicated per MTUS guidelines. Recommendation is for denial.